

Docket No.: 48317US030

32692

Customer Number

Request for Continued Examination (RCE) Transmittal

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

First Named Inventor: Japuntich, Daniel A.

Application No. : 09/678580

Group Art Unit: 3743

Filed: October 3, 2000

Examiner: Aaron J. Lewis

Title: FIBROUS FILTRATION FACE MASK HAVING A NEW UNIDIRECTIONAL FLUID
VALVE

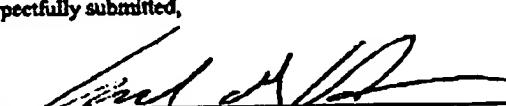
This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

1. Submission required under 37 CFR § 1.114

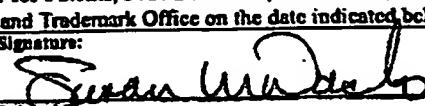
- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 CFR § 1.116 previously filed on
(Any unentered amendment(s) referred to above will be entered)
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on
 - iii. Other
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)/Supplemental IDS
 - iv. Other
- 2. A Request for Extension of Time is being filed concurrently
- 3. Fees (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
- a. The Director is hereby authorized to charge the following fees or credit any overpayments to:
 - Deposit Account No. 13-3723. A duplicate copy of this letter for fees processing is enclosed.
 - i. RCE fee required under 37 CFR § 1.17(e)
 - ii. Other

Respectfully submitted,

February 25, 2005
Date

By: 
Karl G. Hanson, Reg. No.: 32,900
Telephone No.: (651) 736-7776

Office of Intellectual Property Counsel
 3M Innovative Properties Company
 Facsimile No.: (651) 736-3833

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I certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below:	
Sent to Facsimile No.:	Signature:
703-872-9306	
Date: February 25, 2005	Printed Name: Susan M. Dacko

1-500
PATENT APPLICATION FEE DETERMINATION RECORD
 Effective October 1, 2000

Application or Docket Number

6078588

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	$23 - 20 =$	3
INDEPENDENT CLAIMS	1	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3)	PRESENT EXTRA
	Total	33	Minus	33	=		
	Independent	1	Minus	3	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

**SMALL ENTITY
TYPE** **OTHER THAN
OR SMALL ENTITY**

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	230
X40=		OR X80=	
+135=		OR +270=	
TOTAL		TOTAL	230

**OTHER THAN
SMALL ENTITY**

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	ADDI- TIONAL FEE	AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	ADDI- TIONAL FEE
	Total	33	Minus	33	=				
	Independent	1	Minus	3	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>									

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL		TOTAL	
ADDI. FEE		ADDI. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	18
X40=		OR X80=	
+135=		OR +270=	
TOTAL		TOTAL	
ADDI. FEE		ADDI. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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